

# Health Department, City of Baltimore.

Permit No. A 1081 Office of Registrar of Vital Statistics. Ward 13<sup>c</sup>

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, July 8. 87

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Eva Schroeder

Sex, Female or Male, { Cross out the word not required in this line. }

Age, 83 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days

Color, White ✓

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, seamstress

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Prussia. Hanover

Duration of Residence in the City of Baltimore, 50 years

Place of Death, { Give Street and Number. } 607 W. Baltimore St.

Cause of Death, { First (Primary), Drain fever }  
{ Second (Immediate), Exhaustion }

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem.

Date of Burial, July 11<sup>th</sup> 1887

{ Undertaker, L. Lewis Schaefer } { Medical Attendant, W. H. Kemp M. D. }

{ Place of Business, 316 N. Fremont St. } { Address, 305 N. Green St. }

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department Baltimore.

Permit No. A 1082 Office of Registrar of Vital Statistics. Ward 20<sup>th</sup>

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within a reasonable time after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, July 7<sup>th</sup> 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Eunice Miltonna Benson

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 9 Years, 8 Months, 8 Days

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, \_\_\_\_\_

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Lifetime ✓

Place of Death, { Give Street and Number. } 1414 W. Sanvale

Cause of Death, { First (Primary), Pertussis Second (Immediate), \_\_\_\_\_ }

Duration of Last Sickness, four weeks

All the above information should be furnished by the Physician.

Place of Burial, Montealea aalant

Date of Burial, July 8<sup>th</sup> 1887

Undertaker, Dubin & Mitchell Julio H. Holiday M. D. Medical Attendant.

Place of Business, 580 N. Fayette St Address, Carroll Ball Co.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

4754 Transit



# Health Department, Baltimore.

Permit No. A 1083 Office of Registrar of Vital Statistics.

Ward 14<sup>th</sup>

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, July 9/87

Full Name of Deceased, Leatharine Meek  
{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or Female, Female  
{ Cross out the word not required in this line. }

Age, 83 Years, 0 Months, 0 Days.

Color, White

Married, Single, Widow or Widower, Widow  
{ Cross out the words not required in this line. }

Occupation, Housewife

Birth Place, Frederick Co Md  
{ State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, 16 years

Place of Death, 1031 W. Lexington St  
{ Give Street and Number. }

Cause of Death, Pharyngitis  
{ First (Primary), Second (Immediate). }

Duration of Last Sickness, 3 years

All the above information should be furnished by the Physician.

Place of Burial, Westminster Md

Date of Burial, July 11/87

Undertaker, Denny & Mitchell

Place of Business, 101 W. Fayette Address, 203 N. Campbell

J. H. Shinn M. D.  
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

4753 Trans

[OVER.]



# Health Department, City of Baltimore.

Permit No. 1084 Office of Registrar of Vital Statistics.

Ward 7

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four* hours after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, July 8th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Sarah Thompson

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 40 Years, Months, white Days, ✓

Color, Married

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Ireland

Birth Place, { State or country, and how long in the United States, if of foreign birth. } 15 yrs

Duration of Residence in the City of Baltimore, 1115 N. Ann St

Place of Death, { Give Street and Number. } Pernicious Anemia

Cause of Death, { First (Primary), Second (Immediate), } completing about 4 mo in bed 10 wks

Duration of Last Sickness, All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, July 11th 1887

Undertaker, Geo Schilling

Place of Business, Ashland Square Address, 1206 E. Preston St

M. B. Billingsley M. D.  
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

## Health Department, City of Baltimore.

Permit No. A 1085 Office of Registrar Vital Statistics. Ward 13

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, July 8<sup>th</sup> 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Alfred Wilmat

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 27 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, Father

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Italy

Duration of Residence in the City of Baltimore, Life time

Place of Death, { Give Street and Number. } Cor Lehigh & Caroline Sts

Cause of Death, { First (Primary), Second (Immediate), } Tuberculosis of the Lungs  
Exhaustion

Duration of Last Sickness, one year

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, July 10 1887

{ Undertaker, M. Clark & Co } J. P. Hopfman M. D.  
Medical Attendant.

{ Place of Business, 229 E. Pratt } Address, 1812 E. Belts. St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department Baltimore.

Permit No. A 1086

Office of Register of Vital Statistics.

Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

B

Date of Death, \_\_\_\_\_

July 9 " 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Philip M Mason

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 57 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color, Caucasian white

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, \_\_\_\_\_

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

white  
Balto

Duration of Residence in the City of Baltimore, \_\_\_\_\_

Place of Death, { Give Street and Number. }

803 Scott St

Cause of Death, { First (Primary), Second (Immediate), }

Angina Pectoris

A splenic

12 hours

Duration of Last Sickness, \_\_\_\_\_

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cemetery

Date of Burial, July 10 " 1887

Undertaker, Wm J. Vicknour Geo R Graham M. D.

Medical Attendant.

Place of Business, 221 Cedar St Address, 725 Columbia Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

## Health Department of Baltimore.

Permit No. A 1087 Office of Registrar of Vital Statistics.

Ward 18<sup>th</sup>

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within one year after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, July 8<sup>th</sup> 1887

Full Name of Deceased, Lepha L. Conneris  
{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or Female, Male  
{ Cross out the word not required in this line. }

Age, 30 Years, 3 Months, 26 Days.

Color, White

Married, Single, Widow or Widower, Single  
{ Cross out the words not required in this line. }

Occupation, \_\_\_\_\_

Birth Place, Baltimore  
{ State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, All her life

Place of Death, 860 Maryland St  
{ Give Street and Number. }

Cause of Death, Phthisis  
{ First (Primary), Second (Immediate), }

Duration of Last Sickness, 2 years

All the above information should be furnished by the Physician

Place of Burial, Cedar Hill Cem.

Date of Burial, July 10<sup>th</sup> 1887

{ Undertaker, Wm. Dickner & Sons Theodore Bortin M. D.  
Medical Attendant.

{ Place of Business, 221 Centre St Address, 578 Harrison St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department City of Baltimore.

Permit No. A 1088 Office of Registration and Statistics. Ward 6

The Physician who attended any person in his last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL OF THE DECEASED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, July 8<sup>th</sup> 1887

Full Name of Deceased, Emma A. Skinner Write legibly and spell correctly. If an Infant not named, give names of parents.

Sex, Female Cross out the word not required in this line.

Age, 34 Years, 0 Months, 0 Days

Color, White

Married, Single, Widow, Widower Cross out the words not required in this line.

Occupation, Seamstress

Birth Place, Queen Anne's Co Md State or country, and how long in the United States, if of foreign birth.

Duration of Residence in the City of Baltimore, 30 years

Place of Death, 537 N. Bond St Give Street and Number.

Cause of Death, Phthisis Pulmonalis First (Primary),  
Exhaustion Second (Immediate),

Duration of Last Sickness, About 3 months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem.

Date of Burial, July 10<sup>th</sup> 1887

Undertaker, Wm. T. Skinner J. B. Schwatka M. D. Medical Attendant.

Place of Business, 221 S. Caldw. St Address, 933 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

## Board of Health, City of Baltimore.

Permit No. A. 1189 Office of Registrar of Vital Statistics. Ward 20

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A DEATH CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, July 7<sup>th</sup> 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Matilda F. Wilner

Sex, Male or Female, { Cross out the word not required in this line. }

Age, Thirty nine Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days,

Color, Negress (light)

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation \_\_\_\_\_

Birthplace, { State or country, and how long in the United States; if of foreign birth. } Balto Md

Duration of Residence in the City of Baltimore, All of life

Place of Death, { Give street and Number. } 932 Lute Plt St

Cause of Death, { First (Primary), Phthisis  
Second (Immediate), Marasmus }

Duration of Last Sickness, One year

All the above information should be furnished by the Physician.

Place of Burial, Central Cemetery

Date of Burial, July 10/1887

{ Undertaker, Wm. Madden } { W. S. Keiser, M. D., Medical Attendant. }

{ Place of Business, 46 East St } { Address, 318 W. Madison St }

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]



The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

## Health Department, City of Baltimore.

Permit No. A 1090 Office of Registrar of Vital Statistics.

Ward 5<sup>th</sup>

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, July 6

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Estella Stewart

Sex, Male or Female, { Cross out the word not required in this line. } female

Age, 4 Years, 4 Months, 1 Days

Color, colored

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. } 10 Madison Alley

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give Street and Number. } 104 Madison Alley

Cause of Death, { First (Primary), Second (Immediate), } Cholera Infantum

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial Lamar Cemetery

Date of Burial, July 10 - 1870

Undertaker, Wm. Maden D. V. Meyer M. D. Medical Attendant.

Place of Business, 76 East St Address, 728 Airg St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]